

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593247

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		1		
5		2		1		
6		①		1		
7		①		1		
8	1			1		
9		1		1		
10		1		1		
11		①		1		
12	1			1		
13	1		<del>X</del>			
14	1					
15		1		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		1		1		
21	1		1			
22		1		1		
23		2		1		
24		①		1		
25	1			1		
26		1		1		
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TOTAL IND.	7	↓	2	↓		↓
TOTAL DEP.	29	←	27	←		←
TOTAL CLAIMS	36		29			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						